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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

To: Commissioner for Patents

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Application Number	10/811,406		
Filing Date	March 26, 2004		
First Named Inventor	Masatoshi MASUDA		
Art Unit	3754		
Examiner Name	Jacyna, J Casimer		
Attorney Docket Number	SCCO.015AUS		

P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the attorneys/agents of record.							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.							
The reasons for this request are: The client has requested to transfer this file to the below Customer No. A Revocation and Power of Attorney will be subsequently submitted by the new attorneys.							
CORRESPONDENCE ADDRESS							
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The address associated with Customer Number.			76,993	0			
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Signature	Ha	nul Alman					
Name	Name Daniel E. Altman			Registration No.	Registration No. 34,115		
Date	March 4, 2008			Telephone No. 949	Telephone No. 949-760-0404		
NOTE Withdr	awal is effective wit	en approved rather than when received	d. Unless there are	at least 30 days between approval	of withdrawai and the expiration		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Conflicterisally is governed by 35 U.Sc. 1/2 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complicating personal process. The property of the conflicted papellation from to the USPTO. Then will vary depending upon the individual case, Any comments on the amount of time jour require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Post 1460, Microsoft, V.A. 2313.1456, U.S. DON TOT SEND FEES ON COMPLETION FORMS TO THIS

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